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This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the uSPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

1272-7910 04 -- PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 **CLAIMS AS FILED - PART I** OTHER THAN SMALL ENTITY (Column 2) (Column 1) TYPE [**SMALL ENTITY** OR TOTAL CLAIMS FEE FEE RATE RATE OR BASIC FEE 355.00 **FOR** NUMBER FILED NUMBER EXTRA BASIC FEE 710.00 TOTAL CHARGEABLE CLAIMS minus 20= X\$ 9= X\$18= OR INDEPENDENT CLAIMS minus 3 = X40= X80= OR MULTIPLE DEPENDENT CLAIM PRESENT +135= +270= OR * If the difference in column 1 is less than zero, enter "0" in column 2 **TOTAL** OR TOTAL 710 **CLAIMS AS AMENDED - PART II OTHER THAN SMALL ENTITY SMALL ENTITY** OR (Column 1) (Column 2) (Column 3) HIGHEST **CLAIMS** ADDI-ADDI-REMAINING NUMBER **PRESENT TIONAL** TIONAL RATE RATE AMENDMENT **AFTER PREVIOUSLY EXTRA** MEE FEE **AMENDMENT** PAID FOF Total Minus X\$ 9= X\$18= OR Independent Minus X80= X40= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +270= +135= OR 10/28/02 TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-0 NUMBER REMAINING PRESENT RATE TIONAL RATE TIONAL AMENDMENT **PREVIOUSLY AFTER EXTRA AMENDMENT** PAID FOR FEE FEE 2 D **Total** 3 Minus X\$ 9= X\$18= OR Minus Independent X40 =X80= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +270= +135= OR 10/30/03 TOTAL OR ADDIT. FEE ADDIT. FEE (Column 2) (Column 3) (Column 1) HIGHEST **CLAIMS** ADDI-ADDI-REMAINING NUMBER PRESENT AMENDMENT RATE TIONAL TIONAL RATE AFTER **PREVIOUSLY EXTRA** AMENDMENT PAID FOR FEE FEE 20 **Total** Minus X\$ 9= X\$18= OR Independent Minus 2 Ц X40= X80= 86 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +270= +135= OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL TOTAL ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Application or Docket Number